

Scientia Canadensis

Canadian Journal of the History of Science, Technology and Medicine
Revue canadienne d'histoire des sciences, des techniques et de la médecine

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Neurosurgery and Neurological Science in Manitoba, 1884-1984. By Rankin Kilgour Hay. (Winnipeg: Loewen, 2003. vi + 239 p., ill., app. ISBN 0-9734354-0-2 \$25.)

Samuel H. Greenblatt

Volume 28, 2005

URI : <https://id.erudit.org/iderudit/800499ar>

DOI : <https://doi.org/10.7202/800499ar>

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Éditeur(s)

CSTHA/AHSTC

ISSN

0829-2507 (imprimé)

1918-7750 (numérique)

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Citer ce compte rendu

Greenblatt, S. H. (2005). Compte rendu de [*Neurosurgery and Neurological Science in Manitoba, 1884-1984*. By Rankin Kilgour Hay. (Winnipeg: Loewen, 2003. vi + 239 p., ill., app. ISBN 0-9734354-0-2 \$25.)]. *Scientia Canadensis*, 28, 112-114. <https://doi.org/10.7202/800499ar>

***Neurosurgery and Neurological Science in Manitoba, 1884-1984.* By Rankin Kilgour Hay.** (Winnipeg: Loewen, 2003. vi + 239 p., ill., app. ISBN 0-9734354-0-2 \$25.)

This interesting little book is deliberately and unabashedly provincial, in two senses of the term. First, it deals almost exclusively with events in Manitoba; and second, it makes no pretense of relating those events to larger historical trends in Canada or the rest of the world. In his spare, half-page Introduction, Rankin Hay says simply that, "Having witnessed the remarkable progress made in the practical application of the neurological sciences to the needs of patients [in Manitoba] over the latter part of the century in question, the author thought an effort to document them should be made." (p. i) Hay is an Englishman who qualified at Durham in 1940 and took his neurosurgical training in Newcastle and Montreal. In 1958 he went to practice neurosurgery in Winnipeg, where he was Acting Section Head of Neurosurgery at the University of Manitoba from 1981 to 1984. He is thus in a position to have known many of the ancients that he writes about, and he was enough of an insider to understand the political and social events that shaped his immediate professional environment. The appeal of the book for the non-Manitoban reader is its documentation of how the medical and extraprofessional forces of the outside world worked their way through neurosurgery, and through all of medicine, in this one place.

The book consists largely of short biographies of many physicians and a smaller number of nurses, often including short bibliographies of the subjects' writings. The first half (Part I. The Founders) starts with descriptions of the treatment of four head and spine cases in the late nineteenth century. Probably the first elective craniotomy for suspicion of tumor in Manitoba was done in 1895, during the short-lived heyday of early modern brain surgery. Macewen's first cases had been done in Glasgow in 1879 and the famous Bennett-Godlee case was done in London in 1884. From the late nineteenth century to the mid-twentieth, most neurological and neurosurgical care in Manitoba and everywhere was provided by general physicians and general surgeons who took an interest in these cases. Trained specialists began to arrive in 1950s, but efforts to establish specialty units in the hospitals and the University did not come to fruition until the 1970s, a little behind the standard for the leading centers in North America.

Dwight Parkinson was undoubtedly the foremost neuroclinician in Manitoba over its entire history. A stern taskmaster of the old school, he was Section Head of Neurosurgery at the University from 1957 to 1981. When I was a neurosurgical resident at Dartmouth in the early 1970s, Parkinson had an outstanding reputation for his cerebrovascular work. Neurosurgeons still use the term "Parkinson's triangle" to describe an area on the superior wall of the lateral cavernous sinus, where the brave can gain access to the interior of the sinus to repair carotid-cavernous fistulas. Interventional vascular techniques have rendered this approach less and less necessary, but it was daring and useful in its time. Parkinson's tenure was also the period when a large number of neurosurgical residents were trained in Winnipeg. Chapter 15 contains their short biographies. Several went on to distinguished careers. Foremost among them has been Christopher Shields, who is now Professor and Chairman of Neurological Surgery at the University of Louisville, Kentucky, and a leader in American neurosurgery. Hay's restrained prose style does not hide his pride in the accomplishments of his Manitoban colleagues.

For the outside reader, it would be best to read Part II (The Teaching Hospitals) before Part I, because the biographies make constant reference to the hospitals, including the politics of the relationships among them and their relationships to the University. Nothing new here, just the usual competitions and pressures, but knowing something about the institutions makes it easier to keep track of the players. Hay is certainly to be commended for not glossing over these multifaceted difficulties, which are part and parcel of life in almost any community of competing professionals and institutions. The most severe crisis came in 1979,

toward the end of Parkinson's tenure, when accreditation of the neurosurgical training program was withdrawn. It was restored during Hay's acting headship in 1984. At the end of the book (Part V. Coordination and Neurosurgical Reorganization), Hay gives a brief précis of the commissions and studies that preceded this crisis and later brought it to resolution.

There are some useful appendices, but no index. This book is not a piece of polished scholarship; it is history in the rough. In the historiographical sense, it is more a primary source than a secondary monograph, because the author is largely recording events in which he participated. The reader has to provide the synthesis, but the material is here in abundance.

SAMUEL H. GREENBLATT
Brown University